Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED (Colum			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			20		, -		} [	RATE	FEE	٦ .	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	∩		* . 10			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			) minus 3 =		* 1			X43=		1	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				1 }			OR		
* If	the difference	e in column 1 is	less than z	ero enter	"Ω" in α	column 2	' L	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	38/
	ر	Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
T.	-	CLAIMS		HIGHE	ST ER PRESEN USLY EXTRA	1	1 г		ADDI	7 . I	<del>-</del>	4001
AMENDMENT A	,	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F		PRESENT EXTRA	E	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***	<u>.</u>	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		<b>)</b>	+145=		OR	+290=	
								TOTAL		10	TOTAL	
Ī		ΑC	DOIT. FEE	<u></u>	JOR A	ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												. 1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			<b> </b> ~``}		
							L	+145=		OR	+290=	-
					•		AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	_				•	
MEN	2 7	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		≈ .	. ,	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		.=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									•	OR	+290=	
## If the "Highest Number Provincely Poid For IN THE COACE to Long the a coace and a								TOTAL DIT. FEE	·	OR A	TOTAL DDIT. FEE	
***	the "Highest Nur	mber Pr viously Pa ber Previously Paid	id For" IN THIS	S SPACE is I	less than	3. enter "3."			onriate ho			
	3		(		.,	g., cot manner	Juliu	use appl	Opinate DUX			1